

Intern Media Form and Release

Name: _____

Address: _____ City: _____ State: _____
Zip Code: _____

Hometown: _____

Name of High School: _____

Name of Junior/Community College: _____

Name of College/University: _____

Status: _____

Major: _____ Other information you would like to add: _____

Parent/s name/s: _____

Parent/s address/es: _____ City: _____ State: _____
Zip Code: _____

Newspaper/s or media outlets you would like to receive this information: _____

The Office of the Governor has my permission to release the above information regarding my being chosen to serve as an intern to the media listed above. They also have my permission to publicize my experiences as an intern for this office in other publications and releases to the media.

Signed: _____ Date: _____